

– Confidential –

**Gender Communication Plan**

This document supports the necessary planning for a student to communicate a change in one or more aspects of their commonly assumed gender status with members of the school community. Its purpose is to identify the specific nature of that communication, and to create the most favorable conditions accordingly. The plan identifies the various actions that will be taken by the student, school, family, or other support providers in the process.

School/District _____		Today's Date _____	
Student's Preferred Name _____		Legal Name _____	
Student's Gender _____		Assigned Sex at Birth _____	
Date of Birth _____		Student Grade Level _____	
Sibling(s)/Grade(s) _____ / _____		_____ / _____	
Parent(s)/Guardian(s)/Caregiver(s) /relation to student			
_____ / _____		_____ / _____	
_____ / _____		_____ / _____	

What does the student wish to communicate about their gender (change in identity, expression, etc.)?  
 \_\_\_\_\_

How urgent is the student's need? Is the child currently experiencing distress regarding their gender?  
 \_\_\_\_\_

**PARENT/GUARDIAN INVOLVEMENT**

Are guardians aware of student's gender status? Yes/No Level of Support: (none) 1 2 3 4 5 6 7 8 9 10 (High)

If support is low, what considerations must be accounted for in implementing this plan? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INITIAL PLANNING MEETING**

When will the initial planning meeting take place? \_\_\_\_\_ Where will it occur? \_\_\_\_\_

Who will be the members of the team supporting the student's communication?

- Student \_\_\_\_\_
- Parent(s) \_\_\_\_\_
- School Staff \_\_\_\_\_
- Other \_\_\_\_\_

**COMMUNICATION DETAILS: WHAT IS THE STUDENT'S IDEAL SCENARIO?**

What is the specific information that the student wishes to convey? (be specific)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What requests are being made of others (new name, pronouns, use of facilities, etc.)? \_\_\_\_\_  
 \_\_\_\_\_

Imagine that this process goes **exactly** as the student wishes. What does it look/sound like? Describe how this information will be shared (i.e. a lesson about gender combined with announcement from teacher(s); an assembly where student will share information; a written communication; etc.). Be as specific as possible about what occurs.

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With whom and when will this information be shared?

- With peers in the student's class only Date: \_\_\_\_\_
- With peers in the student's grade level Date: \_\_\_\_\_
- With some/all students at school (specify) \_\_\_\_\_ Date: \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Who will lead the lessons/activities framing the student's announcement? \_\_\_\_\_

What will the lesson/activities be? \_\_\_\_\_

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Will the student be present for the lesson/sharing of info about their gender? \_\_\_\_\_

If yes, what role, if any, does the student want to play in the process? \_\_\_\_\_

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Will the parent(s)/caregiver(s) be present for the lesson/sharing of info? \_\_\_\_\_

If yes, what role, if any, will they play in the process? \_\_\_\_\_

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Once the information is shared, what parameters/expectations will be set regarding approaching the student?

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Other notes, considerations or questions \_\_\_\_\_

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#### **KEY DECISIONS PRIOR TO STUDENT'S COMMUNICATION**

##### **Training for School Staff**

Will there be specific training about this student's gender with school staff? \_\_\_\_\_ When? \_

Who will be conducting the training? \_\_\_\_\_ What will be the content of the training?

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Other Questions/Notes: \_\_\_\_\_

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##### **Parent Information Night/ Class Meeting with Parents About Gender Diversity**

Will there be specific training for school community members? \_\_\_\_\_ When? \_\_\_\_\_

Who'll conduct it? \_\_\_\_\_ Will it reference the student's gender? \_\_\_\_\_

What will be the content of the training? \_\_\_\_\_

\_\_\_\_\_

Other Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

### **Communications with Other Families**

Will any sort of information be shared with other families about the student's gender? \_\_\_\_\_

With whom: \_\_\_\_\_ Families in child's grade \_\_\_\_\_ Whole School \_\_\_\_\_ Other (specify) \_\_\_\_\_

Who will be responsible for creating this? \_\_\_\_\_ When will it be sent? \_\_\_\_\_

How will it be distributed? \_\_\_\_\_

\*What specific information will be shared? \_\_\_\_\_

\_\_\_\_\_

Other Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

\* see sample letters

### **Identifying and Enlisting Parent Allies**

Are there any parents/adults in the community you would like to enlist in support of the child's communication?

If so, who? \_\_\_\_\_ When will you speak with them? \_\_\_\_\_

What role would you want them to play? What would you like them to communicate to others?

\_\_\_\_\_

Other Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

### **Identifying and Enlisting Peer Allies**

Are there other students you would like to enlist in support of the child's communication? \_\_\_\_\_

If so, who? \_\_\_\_\_

When will they be spoken with? \_\_\_\_\_ What would you want them to communicate to other students?

\_\_\_\_\_

Other Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

### **Siblings**

Does the student have any siblings at the school? \_\_\_\_\_ What needs to be considered for them?

Training in their classroom(s)? \_\_\_\_\_ Emotional Support? \_\_\_\_\_

\_\_\_\_\_

Other Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POSSIBLE ACTIONS AFTER COMMUNICATION TAKES PLACE**

Does the student currently have a Gender Support Plan? \_\_\_\_\_ If so, what needs to be modified? \_\_\_\_\_

What steps will be taken following the communication to check on the student's status/well-being? \_\_\_\_\_

Questions/Notes: \_\_\_\_\_

**TIMELINE**

Which of the following will take place in relation to this student's gender communication, when will it occur and who will be responsible for making it happen?

<u>Activity</u>	<u>Date</u>	<u>Lead</u>
<input type="checkbox"/> Initial Planning Meeting	_____	_____
<input type="checkbox"/> Lessons/Activities with Other Students	_____	_____
<input type="checkbox"/> Training for School Staff	_____	_____
<input type="checkbox"/> Communications with Other Families	_____	_____
<input type="checkbox"/> Parent Information Night About Gender Diversity	_____	_____
<input type="checkbox"/> Identifying and Enlisting Parent Allies	_____	_____
<input type="checkbox"/> Identifying and Enlisting Peer Allies	_____	_____

What are the specific follow-ups or action items emerging from this meeting and who is responsible for them?

Action Item	Who?	When?

Additional Questions and Considerations \_\_\_\_\_

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